

Vendor Insurance Program

Part I Proposed Policyholder *Please print or type*

- a. **Full Legal Name of Proposed Policyholder** _____
(As it will appear on the policy)
- b. **Mailing Address** _____
Street City State Zip
- c. **Contact Person** _____
Phone Number _____ **Email Address** _____
- d. **Requested Effective Date** _____ **Requested Termination Date** _____
 Policy will become effective on the requested Effective Date if (a) all required information is provided and (b) the Company has received the initial premium on or before that date.
- e. **Description of Exhibit/Goods** _____
Excluded Vendor Types:
 Body piercing or tattooing; E-commerce selling; Fireworks sales & displays; Hot wax impressions; Live animals; Massage; Medical testing; Motor sports activities; Nutritional/health supplements; On-site installation/service/repair of products; On-site equipment rental; Oxygen/aromatherapy; Storefront operations; Time share sales; Tobacco products; Vehicles in motion; Watercraft exhibits on water; Weapon sales; Weight-loss plans or products; Wholesale business; Medical marijuana and/or paraphernalia.
PLEASE NOTE: Catering Companies; Christmas tree retail lots; Corn or Hay mazes; Disc-Jockeys for events with over 200 attendees; Haunted attractions; Live Bands; Mechanical or inflatable amusement devices; Food Truck Vendors and Entertainment & Film Industry Vendors are not eligible under this program, however you can apply to receive a quotation.
- f. **Has any prior coverage been cancelled or non-renewed?** Yes No
If yes, please describe and provide loss history: _____

Part II Premium Rates And Benefits (minimum premiums are fully earned)

Premium Rates and Benefits SINGLE VENDOR

Please check plan number that applies.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

1. Program Rate Vendor 5 days or less: \$ 50.00 (Subject to \$50.00 MP)
2. Program Rate Vendor 6–14 days: \$100.00 (Subject to \$100.00 MP)
3. Program Rate Vendor 15–30 days: \$150.00 (Subject to \$150.00 MP)
4. Program Rate 1–6 months: \$275.00 (Subject to \$275.00 MP)
5. Program Rate 6 months – Annual: \$350.00 (Subject to \$350.00 MP)

MP = Minimum Premium

Premium Rates and Benefits GROUP VENDOR POLICIES

Please check plan number that applies.

\$1,000,000.00 Per Occurrence / \$1,000,000.00 Aggregate

6. Groups of 2 or More Vendors 5 days or less: \$ 35.00 (Subject to \$75.00 MP)
7. Groups of 2 or More Vendors 6–14 days: \$70.00 (Subject to \$150.00 MP)
8. Groups of 2 or More Vendors 15–30 days: \$105.00 (Subject to \$210.00 MP)
9. Groups of 2 or More Vendors 1–6 months: \$205.00 (Subject to \$410.00 MP)
10. 2 or More Vendors 6 months – Annual: \$260.00 (Subject to \$520.00 MP)

For Group Vendor policies, include separate list of vendor names, mailing addresses and description of exhibit/goods. This is intended for vendors at the same event.

Part II Plan Premium _____ X _____ = \$ _____
Number of Vendors

Part III Optional Coverages (premiums are fully earned)

Increased General Aggregate to \$2,000,000.00 _____ x 5% = \$ _____
Plan Premium

Increased General Aggregate to \$3,000,000.00 _____ x 10.25% = \$ _____
Plan Premium

Increased General Aggregate to \$4,000,000.00 _____ x 15.76% = \$ _____
Plan Premium

Increased General Aggregate to \$5,000,000.00 _____ x 21.55% = \$ _____
Plan Premium

Optional \$150,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$225.00. = \$ _____

Optional \$500,000.00 Hired and Non-Owned Automobile Liability Coverage is available for an additional \$500.00. = \$ _____

• Note: \$1,000,000.00 Hired and Non-Owned Automobile Liability Coverage is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Vendor Insurance Program

Part III Optional Coverages (continue)

- Higher per occurrence limits of up to \$5,000,000.00 are available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.
- Equipment coverage up to \$750,000.00 is available but subject to additional underwriting. Please contact your agent if wishing to apply for coverage.

Part III Total Premium = \$ _____

Part IV Additional Insureds

Up to 3 additional insureds are included at no additional cost. Please include a separate sheet for more additional insureds if needed.

Name, Address and Relationship of all additional insureds to be added to the policy:

Full Legal Name, E-mail Address	Full Mailing address (including city, state and zip)	Relationship (see legend)	Endorsements
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver
			<input type="checkbox"/> Primary <input type="checkbox"/> Waiver

L - Landlord, V - Venue, E - Event Operator, F - Franchisor/Franchise Owner, O - Other (write down details)

Total Number of Additional Insureds (after initial three) _____ x \$10.00 = \$ _____

Additional Insureds requiring Primary Non-Contributory Endorsements _____ x \$100.00 = \$ _____

Additional Insureds requiring Waiver of Subrogation Endorsements _____ x \$100.00 = \$ _____

Part IV Total Premium = \$ _____

Agency Policy Fee: \$ 50.00

TOTAL PREMIUM: \$ _____

Part V Payment

Choose one of the following options. Please initial your choice:

- Enclosed is my check for the total premium.
- Please charge my: Visa MasterCard Discover American Express

For Premiums less than \$1,000.00, a \$10.00 convenience fee will be added.

For Premiums \$1,000.00 and higher, a convenience fee equal to 2.5% of the premium will be added.

Name on Card _____

Cardholder Billing Address _____

Card # _____ Exp. Date (mm/yyyy) _____

Security Code _____

Part VI Acknowledgements and Signatures

- a. This summary of coverage and exclusions is no substitute for reading the entire policy. To receive an entire policy, contact the program administrator.
- b. **Fraud Warning** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material there to, commits a fraudulent insurance act, which may be a crime.
- c. **Applicant's Acknowledgement** I, the applicant, declare, to the best of my knowledge and belief, that all statements and answers in this application are true and complete. I understand and agree that (a) this application will form part of any policy issued, (b) no information given to or acquired by any representative of the Company will bind it, unless it is in writing on this application, (c) no waiver or modification will bind the Company unless it is in writing and is signed by an executive officer of the Company, and (d) only those persons eligible under the terms of an issued policy will be insured.

Signed for the Proposed Policyholder

Signed by Licensed Agent

Agency Name and License Number

Date

Agent Phone Number

Agent Email Address

Agency Mailing Address

United States Fire Insurance Company,
"A" rated by A.M. Best Company.
A member of the Crum & Forster group of companies.